

<b>United States Bankruptcy Court Northern District of Illinois</b>							<b>Voluntary Petition</b>												
Name of Debtor (if individual, enter Last, First, Middle): <b>Williams, Robert L</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Williams, Michelle C</b>															
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):															
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>3397</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>9253</b>															
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>106 Galleon Run Dr SE Poplar Grove, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>106 Galleon Run Dr SE Poplar Grove, IL</b>															
ZIPCODE <b>61065-8744</b>				ZIPCODE <b>61065-8744</b>															
County of Residence or of the Principal Place of Business: <b>Boone</b>				County of Residence or of the Principal Place of Business: <b>Boone</b>															
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):															
ZIPCODE				ZIPCODE															
Location of Principal Assets of Business Debtor (if different from street address above):																			
ZIPCODE																			
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  _____			<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  _____			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 9      Recognition of a Foreign <input type="checkbox"/> Chapter 11      Main Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 13      Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Debts are primarily consumer <input type="checkbox"/> Debts are primarily debts, defined in 11 U.S.C.      business debts. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose."													
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									<b>THIS SPACE IS FOR COURT USE ONLY</b>										
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> 1-49</td><td style="text-align: center;"><input checked="" type="checkbox"/> 50-99</td><td style="text-align: center;"><input type="checkbox"/> 100-199</td><td style="text-align: center;"><input type="checkbox"/> 200-999</td><td style="text-align: center;"><input type="checkbox"/> 1,000-5,000</td><td style="text-align: center;"><input type="checkbox"/> 5,001-10,000</td><td style="text-align: center;"><input type="checkbox"/> 10,001-25,000</td><td style="text-align: center;"><input type="checkbox"/> 25,001-50,000</td><td style="text-align: center;"><input type="checkbox"/> 50,001-100,000</td><td style="text-align: center;"><input type="checkbox"/> Over 100,000</td></tr></table>										<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000		<input type="checkbox"/> Over 100,000									
Estimated Assets <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100 million to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>										<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100 million to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>									<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
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<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Williams, Robert L &amp; Williams, Michelle C</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X /s/ Troy L Gleason</b> <b>7/16/09</b> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition  
(This page must be completed and filed in every case)

Name of Debtor(s):  
Williams, Robert L & Williams, Michelle C

Signatures

<div>Signature(s) of Debtor(s) (Individual/Joint)</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <div><div>X</div><div>/s/ Robert L Williams</div><div>Signature of Debtor</div><div>Robert L Williams</div></div> <div><div>X</div><div>/s/ Michelle C Williams</div><div>Signature of Joint Debtor</div><div>Michelle C Williams</div></div> <div>Telephone Number (If not represented by attorney)</div> <div>July 16, 2009</div> <div>Date</div>	<div>Signature of a Foreign Representative</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)</p> <div><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</div> <div><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</div> <div><div>X</div><div>Signature of Foreign Representative</div></div> <div>Printed Name of Foreign Representative</div> <div>Date</div>
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<div>Signature of Attorney*</div> <div><div>X</div><div>/s/ Troy L Gleason</div><div>Signature of Attorney for Debtor(s)</div></div> <div>Troy L Gleason 6276510 Gleason &amp; Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com</div> <div>July 16, 2009</div> <div>Date</div> <div>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</div>	<div>Signature of Non-Attorney Petition Preparer</div> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <div>Printed Name and title, if any, of Bankruptcy Petition Preparer</div> <div>Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</div> <div>Address</div> <div><div>X</div><div>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</div></div> <div>Date</div> <div>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</div> <div>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</div>
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<div>Signature of Debtor (Corporation/Partnership)</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <div><div>X</div><div>Signature of Authorized Individual</div></div> <div>Printed Name of Authorized Individual</div> <div>Title of Authorized Individual</div> <div>Date</div>	<div>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</div> <div>Date</div> <div>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</div> <div>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</div>
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B201 (12/08)

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Williams, Robert L & Williams, Michelle C**

Printed Name(s) of Debtor(s)

**X /s/ Robert L Williams**

Signature of Debtor

**7/16/2009**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Michelle C Williams**

Signature of Joint Debtor (if any)

**7/16/2009**

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor’s own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an “H,” “W,” “J,” or “C” in the column labeled “Husband, Wife, Joint, or Community.” If the debtor holds no interest in real property, write “None” under “Description and Location of Property.”

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write “None” in the column labeled “Amount of Secured Claim.”

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence at: 106 Galleon Run Dr SE Poplar Grove, IL 61065-8744		J	175,000.00	164,590.00
TOTAL			175,000.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account		100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles		250.00
6. Wearing apparel.		Used Clothing		250.00
7. Furs and jewelry.		Misc Costume Jewelry		250.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life thru work - no cash value		0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		403B with current employer - 100% Exempt		15,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Workers Comp Claim - Atty David Murrar - 100% exempt	H	unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		01 Saturn SL	J	1,250.00
		05 Chrysler 300	J	7,850.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			



SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				26,500.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:  
 (Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>SCHEDULE A - REAL PROPERTY</b>			
<b>Residence at:</b> <b>106 Galleon Run Dr SE</b> <b>Poplar Grove, IL 61065-8744</b>	<b>735 ILCS 5 §12-901</b>	<b>30,000.00</b>	<b>175,000.00</b>
<b>SCHEDULE B - PERSONAL PROPERTY</b>			
<b>Cash on Hand</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>50.00</b>	<b>50.00</b>
<b>Checking account</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>100.00</b>	<b>100.00</b>
<b>Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>1,500.00</b>	<b>1,500.00</b>
<b>Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles</b>	<b>735 ILCS 5 §12-1001(a)</b>	<b>250.00</b>	<b>250.00</b>
<b>Used Clothing</b>	<b>735 ILCS 5 §12-1001(a)</b>	<b>250.00</b>	<b>250.00</b>
<b>Misc Costume Jewelry</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>250.00</b>	<b>250.00</b>
<b>403B with current employer - 100% Exempt</b>	<b>735 ILCS 5 §12-1006(a)</b>	<b>15,000.00</b>	<b>15,000.00</b>
<b>05 Chrysler 300</b>	<b>735 ILCS 5 §12-1001(c)</b>	<b>4,800.00</b>	<b>7,850.00</b>

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 4772037 <b>Credit Acceptance</b> <b>PO Box 513</b> <b>Southfield, MI 48037-0513</b>	H	Installment account opened 3/07   VALUE \$ 1,250.00				11,363.00	10,113.00
ACCOUNT NO. 70111067 <b>Ocwen Loan Servicing L</b> <b>12650 Ingenuity Dr</b> <b>Orlando, FL 32826-2703</b>	H	Mortgage account opened 4/05   VALUE \$ 175,000.00				131,956.00	
ACCOUNT NO. <b>Fisher And Shapiro</b> <b>4201 Lake Cook Rd 1ST Fl</b> <b>Northbrook, IL 60062-1060</b>		Assignee or other notification for: <b>Ocwen Loan Servicing L</b>   VALUE \$					
ACCOUNT NO. 70111059 <b>Ocwen Loan Servicing L</b> <b>12650 Ingenuity Dr</b> <b>Orlando, FL 32826-2703</b>	H	Mortgage account opened 4/05   VALUE \$ 175,000.00				32,634.00	
Subtotal (Total of this page)						\$ 175,953.00	\$ 10,113.00
Total (Use only on last page)						\$	\$

1 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>9000697791</b> <b>Salt Creek Credit Unio</b> <b>911 N Elm St Ste 129</b> <b>Hinsdale, IL 60521-3640</b>	<b>H</b>	<b>Installment account opened 1/05</b>  <b>VALUE \$ 7,850.00</b>				<b>11,336.00</b>	<b>3,486.00</b>
ACCOUNT NO.		  <b>VALUE \$</b>					
ACCOUNT NO.		  <b>VALUE \$</b>					
ACCOUNT NO.		  <b>VALUE \$</b>					
ACCOUNT NO.		  <b>VALUE \$</b>					
ACCOUNT NO.		  <b>VALUE \$</b>					
ACCOUNT NO.		  <b>VALUE \$</b>					
ACCOUNT NO.		  <b>VALUE \$</b>					
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page)	\$ <b>11,336.00</b> \$ <b>3,486.00</b>
						Total (Use only on last page)	\$ <b>187,289.00</b> \$ <b>13,599.00</b>

(Report also on  
Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCOUNT NO.  Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326	J	taxes from 2002-2007				4,500.00	4,500.00		
ACCOUNT NO.  									
ACCOUNT NO.  									
ACCOUNT NO.  									
ACCOUNT NO.  									
ACCOUNT NO.  									
<div> <div>Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to</div> <div>Schedule of Creditors Holding Unsecured Priority Claims</div> </div>						Subtotal (Totals of this page)	\$ 4,500.00	\$ 4,500.00	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						Total	\$ 4,500.00		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						Total		\$ 4,500.00	\$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>495169</b> <b>Aams</b> <b>4800 Mills Civic Pkwy</b> <b>West Des Moines, IA 50265-5263</b>	<b>W</b>					<b>161.00</b>
ACCOUNT NO. <b>Med1 02 Cetegra Health System</b>		<b>Assignee or other notification for:</b> <b>Aams</b>				
ACCOUNT NO. <b>19668903</b> <b>Advance America Cash Advance</b> <b>7425 E State St</b> <b>Rockford, IL 61108-2678</b>	<b>J</b>	<b>Loan</b>				<b>3,000.00</b>
ACCOUNT NO. <b>Adventist Hinsdale Hospi</b> <b>C/O North American Credit Services</b> <b>2810 Walker Rd Ste 100</b> <b>Chattanooga, TN 37421-1082</b>	<b>J</b>	<b>Collections</b>				<b>30.00</b>
Subtotal (Total of this page)						\$ <b>3,191.00</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

18 continuation sheets attached

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Adventist Hinsdale Hospital</b> <b>PO Box 9247</b> <b>Hinsdale, IL 60522-9247</b>		<b>Assignee or other notification for:</b> <b>Adventist Hinsdale Hospital</b>				
ACCOUNT NO. <b>Merchants Credit Guide</b> <b>223 W Jackson Blvd</b> <b>Chicago, IL 60606-6908</b>		<b>Assignee or other notification for:</b> <b>Adventist Hinsdale Hospital</b>				
ACCOUNT NO. <b>Adventist Lagrange Memorial Hospital</b> <b>PO Box 9234</b> <b>Hinsdale, IL 60522-9234</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>100.00</b>
ACCOUNT NO. <b>Merchants Credit Guide</b> <b>223 W Jackson Blvd</b> <b>Chicago, IL 60606-6908</b>		<b>Assignee or other notification for:</b> <b>Adventist Lagrange Memorial Hospital</b>				
ACCOUNT NO. <b>2320614</b> <b>Ais Services</b> <b>50 California St Ste 150</b> <b>San Francisco, CA 94111-4624</b>	<b>H</b>					<b>7,845.00</b>
ACCOUNT NO. <b>01 Hsbc Auto Finance Inc</b>		<b>Assignee or other notification for:</b> <b>Ais Services</b>				
ACCOUNT NO. <b>9801522713</b> <b>Amcore Bank</b> <b>Overdraft Dept</b> <b>PO Box 1537</b> <b>Rockford, IL 61110-0037</b>	<b>J</b>	<b>NSF</b>				<b>700.00</b>

Sheet no. 1 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **8,645.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>At &amp; T</b> <b>PO Box 8100</b> <b>Aurora, IL 60507-8100</b>	<b>J</b>	<b>Collections</b>				<b>90.00</b>
ACCOUNT NO. <b>Credit Protection Assoc</b> <b>13355 Noel Rd</b> <b>Dallas, TX 75240-6602</b>		<b>Assignee or other notification for:</b> <b>At &amp; T</b>				
ACCOUNT NO. <b>Bally Total Fitness</b> <b>12440 Imperial Hwy Ste 300</b> <b>Norwalk, CA 90650-8309</b>	<b>J</b>	<b>Collections</b>				<b>400.00</b>
ACCOUNT NO. <b>Asset Acceptance</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>		<b>Assignee or other notification for:</b> <b>Bally Total Fitness</b>				
ACCOUNT NO. <b>3397</b> <b>Brother Loan &amp; Finance Co</b> <b>7621 W 63rd</b> <b>Summit Argo, IL 60501</b>	<b>J</b>	<b>Loan</b>				<b>1,078.00</b>
ACCOUNT NO. <b>13673191060802310</b> <b>Cach Llc</b> <b>370 17th St</b> <b>Denver, CO 80202-1370</b>	<b>H</b>	<b>Open account opened 8/06</b>				<b>1,123.00</b>
ACCOUNT NO. <b>08 Bank Of Marin</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				

Sheet no. 2 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,691.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>NAFS</b> <b>PO Box 9027</b> <b>Buffalo, NY 14231-9027</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				
ACCOUNT NO. <b>National Asset Recovery</b> <b>2880 Dresden Dr Ste 200</b> <b>Atlanta, GA 30341</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				
ACCOUNT NO. <b>486236255020</b> <b>Cap One</b> <b>PO Box 85520</b> <b>Richmond, VA 23285-5520</b>	<b>H</b>	<b>Revolving account opened 4/05</b>				<b>1,499.00</b>
ACCOUNT NO. <b>Nelson, Watson &amp; Associates</b> <b>80 Merrimack St Lowr LEVEL</b> <b>Haverhill, MA 01830-5202</b>		<b>Assignee or other notification for:</b> <b>Cap One</b>				
ACCOUNT NO. <b>Osi Collection Services</b> <b>1375 E Woodfield Rd Ste 110</b> <b>Schaumburg, IL 60173-5447</b>		<b>Assignee or other notification for:</b> <b>Cap One</b>				
ACCOUNT NO. <b>486236249465</b> <b>Cap One</b> <b>PO Box 85520</b> <b>Richmond, VA 23285-5520</b>	<b>W</b>	<b>Revolving account opened 11/04</b>				<b>992.00</b>
ACCOUNT NO. <b>486236237308</b> <b>Cap One</b> <b>PO Box 85520</b> <b>Richmond, VA 23285-5520</b>	<b>H</b>	<b>Revolving account opened 10/03</b>				<b>961.00</b>

Sheet no. 3 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,452.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Nco Financial</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Cap One</b>				
ACCOUNT NO. <b>57952478</b> <b>Cbe Group</b> <b>131 Tower Park Dr Ste 1</b> <b>Waterloo, IA 50701-9589</b>	<b>W</b>	<b>Unknown account opened 2/06</b>				<b>515.00</b>
ACCOUNT NO. <b>Directv</b>		<b>Assignee or other notification for:</b> <b>Cbe Group</b>				
ACCOUNT NO. <b>mult accts</b> <b>Centegra Health System</b> <b>13707 W Jackson St</b> <b>Woodstock, IL 60098-3141</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>9,000.00</b>
ACCOUNT NO. <b>H&amp;R Accounts</b> <b>7017 John Deere Parkway</b> <b>PO Box 672</b> <b>Moline, IL 61266-0672</b>		<b>Assignee or other notification for:</b> <b>Centegra Health System</b>				
ACCOUNT NO. <b>mult accts</b> <b>Centegra Primary Care</b> <b>13707 W Jackson St</b> <b>Woodstock, IL 60098-3188</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>500.00</b>
ACCOUNT NO. <b>Q574921</b> <b>Certified Services Inc</b> <b>1733 Washington St Uppr 2</b> <b>Waukegan, IL 60085-5192</b>	<b>W</b>	<b>Open account opened 8/04</b>				<b>1,082.00</b>

Sheet no. 4 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **11,097.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Community Health Rehab</b>		<b>Assignee or other notification for: Certified Services Inc</b>				
ACCOUNT NO. <b>1002757610</b> <b>Cfc Deficiency Recover</b> <b>5225 Crooks Rd Ste 140</b> <b>Troy, MI 48098-2823</b>	<b>W</b>	<b>Open account opened 8/03</b>				<b>10,047.00</b>
ACCOUNT NO. <b>Hsbc Auto</b> <b>6602 Convoy Ct</b> <b>San Diego, CA 92111-1009</b>		<b>Assignee or other notification for: Cfc Deficiency Recover</b>				
ACCOUNT NO. <b>Phillips &amp; Burns</b> <b>461 Ellicott St 3rd Fl</b> <b>Buffalo, NY 14203-1519</b>		<b>Assignee or other notification for: Cfc Deficiency Recover</b>				
ACCOUNT NO. <b>1110000764441952</b> <b>Chase</b> <b>Attn: Bankruptcy Dept</b> <b>PO Box 100018</b> <b>Kennesaw, GA 30156-9204</b>	<b>J</b>	<b>Collections</b>				<b>272.00</b>
ACCOUNT NO. <b>Chicago Tribune</b> <b>PO Box 6490</b> <b>Chicago, IL 60680-6490</b>	<b>J</b>	<b>Collections</b>				<b>20.00</b>
ACCOUNT NO. <b>Merchants Credit Guide</b> <b>223 W Jackson Blvd</b> <b>Chicago, IL 60606-6908</b>		<b>Assignee or other notification for: Chicago Tribune</b>				

Sheet no. 5 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **10,339.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6074395635322335</b> <b>Citifinancial</b>	<b>H</b>	<b>Installment account opened 8/05</b>				<b>12,458.00</b>
ACCOUNT NO. <b>w45254360742</b> <b>City Of Chicago</b> <b>Parking - Bankruptcy</b> <b>121 N Lasalle St Rm 107A</b> <b>Chicago, IL 60602-1232</b>	<b>J</b>	<b>Collections</b>				<b>390.00</b>
ACCOUNT NO. <b>Linebarger Goggan Blair &amp; Sampson, LLP</b> <b>PO Box 6268</b> <b>Chicago, IL 60606</b>		<b>Assignee or other notification for:</b> <b>City Of Chicago</b>				
ACCOUNT NO. <b>2473875</b> <b>Community Family Practice Center</b> <b>PO Box 7004</b> <b>Bolingbrook, IL 60440</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>502.00</b>
ACCOUNT NO. <b>64015520142</b> <b>Corporate America Fcu</b> <b>874 Terryville Ave</b> <b>Bristol, CT 06010-4038</b>	<b>W</b>	<b>Installment account opened 4/04</b>				<b>1,303.00</b>
ACCOUNT NO. <b>4071930180528188</b> <b>Credit One Bank</b> <b>PO Box 98875</b> <b>Las Vegas, NV 89193-8875</b>	<b>H</b>	<b>Revolving account opened 8/99</b>				<b>1,123.00</b>
ACCOUNT NO. <b>1256943748</b> <b>Credit Protection Asso</b> <b>One Galleria Tower</b> <b>Dallas, TX 75240</b>	<b>H</b>	<b>Open account opened 8/05</b>				<b>84.00</b>

Sheet no. 6 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **15,860.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mediacom</b>		<b>Assignee or other notification for: Credit Protection Asso</b>				
ACCOUNT NO. <b>2774273</b> <b>Creditors Collection Bureau</b> <b>PO Box 63</b> <b>Kankakee, IL 60901-0063</b>	<b>J</b>	<b>Collections</b>				<b>306.00</b>
ACCOUNT NO. <b>Community Family Practice Center</b>		<b>Assignee or other notification for: Creditors Collection Bureau</b>				
ACCOUNT NO. <b>9010760000241950</b> <b>Creditors Pr</b> <b>202 W State St Ste 300</b> <b>Rockford, IL 61101-1116</b>	<b>H</b>					<b>233.00</b>
ACCOUNT NO. <b>Med1 02 Mulford Dental Group Ltd</b>		<b>Assignee or other notification for: Creditors Pr</b>				
ACCOUNT NO. <b>2080730007</b> <b>Creditors Protection S</b> <b>206 W State St</b> <b>Rockford, IL 61101-1112</b>	<b>H</b>	<b>Open account opened 3/08</b>				<b>233.00</b>
ACCOUNT NO. <b>Mulford Dental Group Ltd</b>		<b>Assignee or other notification for: Creditors Protection S</b>				

Sheet no. 7 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **772.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2060610807</b> <b>Creditors Protection S</b> <b>206 W State St</b> <b>Rockford, IL 61101-1112</b>	<b>W</b>	<b>Open account opened 3/06</b>				<b>88.00</b>
ACCOUNT NO. <b>Camelot Radiology Associates</b>		<b>Assignee or other notification for: Creditors Protection S</b>				
ACCOUNT NO. <b>12954814479</b> <b>Dependon Collection Se</b> <b>120 W 22nd St Ste 360</b> <b>Oak Brook, IL 60523-1511</b>	<b>W</b>	<b>Open account opened 1/07</b>				<b>80.00</b>
ACCOUNT NO. <b>Suburban Radiologists S.c.</b>		<b>Assignee or other notification for: Dependon Collection Se</b>				
ACCOUNT NO. <b>3720137549</b> <b>Dial Adjustment Bureau</b> <b>For Angels On Earth And Guidepost</b> <b>960 Macarthur Blvd</b> <b>Mahwah, NJ 07495-0094</b>	<b>J</b>	<b>Collections</b>				<b>80.00</b>
ACCOUNT NO. <b>017710</b> <b>Dr Andrew Schwenk</b> <b>13549 Rt 76</b> <b>Poplar Grove, IL 61065</b>	<b>J</b>	<b>Collections</b>				<b>56.00</b>
ACCOUNT NO. <b>Dr Vincent Zammuto Dds</b> <b>929 S Alpine</b> <b>Rockford, IL 61108</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>140.00</b>

Sheet no. 8 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **444.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>wi0013</b> <b>Drs Wright And Steltenpohl</b> <b>527 W Old Northwest Hwy Ste 104</b> <b>Barrington, IL 60010-6807</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>75.00</b>
ACCOUNT NO. <b>80210001498036</b> <b>Dupage Pathology Assoc</b> <b>520 E 22nd St</b> <b>Lombard, IL 60148-6110</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>48.00</b>
ACCOUNT NO. <b>DX6246866</b> <b>Enterprise Rent A Car</b> <b>4509 N Brady St</b> <b>Davenport, IA 52806-4051</b>	<b>J</b>	<b>Collections</b>				<b>254.00</b>
ACCOUNT NO. <b>2058056</b> <b>Evergreen Emergency Servcies</b> <b>PO Box 428080</b> <b>Evergreen Park, IL 60805-8080</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>250.00</b>
ACCOUNT NO. <b>MCS Collections</b> <b>725 S Wells St Ste 501</b> <b>Chicago, IL 60607-4521</b>		<b>Assignee or other notification for:</b> <b>Evergreen Emergency Servcies</b>				
ACCOUNT NO. <b>Family Medical Ctr Of Lagrange</b> <b>5201 S Willow Ste 300</b> <b>La Grange, IL 60525</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>120.00</b>
ACCOUNT NO. <b>3575963</b> <b>H And R Accounts Inc</b> <b>7017 John Deere Pkwy</b> <b>Moline, IL 61265-8072</b>	<b>J</b>	<b>Open account opened 4/08</b>				<b>2,283.00</b>

Sheet no. **9** of **18** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **3,030.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$



IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Centegra Memorial Medical Ctr</b>		<b>Assignee or other notification for: H And R Accounts Inc</b>				
ACCOUNT NO. <b>684668148</b> <b>HSN</b> <b>Attn Collections</b> <b>PO Box 9090</b> <b>Clearwater, FL 33758-9090</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>38.00</b>
ACCOUNT NO. <b>8844446</b> <b>Illinois Collection Service</b> <b>PO Box 1010</b> <b>Tinley Park, IL 60477-9110</b>	<b>J</b>	<b>Collections</b>				<b>92.00</b>
ACCOUNT NO. <b>Bonaventure Medical Foundation</b> <b>PO Box 843147</b> <b>Boston, MA 02284-3147</b>		<b>Assignee or other notification for: Illinois Collection Service</b>				
ACCOUNT NO. <b>Lake Mchenry Path Assoc</b> <b>C/O OSI Collection</b> <b>1375 E Woodfield Rd Ste 110</b> <b>Schaumburg, IL 60173-5423</b>	<b>J</b>	<b>Collections</b>				<b>181.00</b>
ACCOUNT NO. <b>Lake Mchenry Path Assoc</b> <b>C/O OSI Collection</b> <b>1375 E Woodfield Rd Ste 110</b> <b>Schaumburg, IL 60173-5423</b>	<b>J</b>					<b>0.00</b>
ACCOUNT NO. <b>Lake Mchenry Path Assoc</b> <b>520 E 22nd St</b> <b>Lombard, IL 60148-6110</b>		<b>Assignee or other notification for: Lake Mchenry Path Assoc</b>				

Sheet no. **10** of **18** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **311.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 14361 Lake/McHenry Pathology 4201 W Medical Center Dr McHenry, IL 60050-8409	J	Medical or Dental Bill				385.00
ACCOUNT NO. Mchenry Radiologists And Imaging 3929 Mercy Dr McHenry, IL 60050-3151	J	Medical or Dental Bill				9.00
ACCOUNT NO. Mci Corporate Office 22001 Loudoun County Pkwy Ashburn, VA 20147-6105	J	Collections				124.00
ACCOUNT NO. 14361 Memorial Medical Center Attn Patient Accts 701 N 1st St Springfield, IL 62702-3757	J	Medical or Dental Bill				2,300.00
ACCOUNT NO. 7868979 Mutual Management 401 E State St Rockford, IL 61104-1027	H	Open account opened 7/06				499.00
ACCOUNT NO. Swedish American Mso Inc		Assignee or other notification for: Mutual Management				
ACCOUNT NO. 9097657 Mutual Management 401 E State St Rockford, IL 61104-1027	H	Open account opened 6/07				270.00

Sheet no. 11 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,587.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Swedish American Mso Inc</b>		<b>Assignee or other notification for: Mutual Management</b>				
ACCOUNT NO. <b>18549809</b> <b>Nco Fin/09</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>	<b>W</b>	<b>Open account opened 12/07</b>				<b>516.00</b>
ACCOUNT NO. <b>Directv</b>		<b>Assignee or other notification for: Nco Fin/09</b>				
ACCOUNT NO. <b>32685</b> <b>Pharmacy Solutions</b> <b>75 Ermittance Dr Te 1017</b> <b>Chicago, IL 60675-0001</b>	<b>J</b>	<b>Collections</b>				<b>105.00</b>
ACCOUNT NO. <b>Publishers Clearing House</b> <b>PO Box 26301</b> <b>Lehigh Valley, PA 18002-6301</b>	<b>J</b>	<b>Collections</b>				<b>78.00</b>
ACCOUNT NO. <b>mult accts</b> <b>Quest Diagnostics</b> <b>PO Box 64804</b> <b>Baltimore, MD 21264-4804</b>	<b>J</b>	<b>Collections</b>				<b>1,000.00</b>
ACCOUNT NO. <b>Amca</b> <b>2269 Saw Mill River Rd Ste 3</b> <b>Elmsford, NY 10523-3839</b>		<b>Assignee or other notification for: Quest Diagnostics</b>				

Sheet no. **12** of **18** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,699.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Credit Collection Services</b> <b>2 Wells Ave Dept 9135</b> <b>Newton, MA 02459-3208</b>		<b>Assignee or other notification for:</b> <b>Quest Diagnostics</b>				
ACCOUNT NO. <b>92975</b> <b>Rockford Gastroenterology Assoc</b> <b>401 Roxbury Rd</b> <b>Rockford, IL 61107-5075</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>314.00</b>
ACCOUNT NO. <b>T51541</b> <b>Rockford Mercantile</b> <b>2502 S Alpine Rd</b> <b>Rockford, IL 61108-7813</b>	<b>W</b>	<b>Open account opened 12/05</b>				<b>658.00</b>
ACCOUNT NO. <b>Osf St Anthony Medical Ctr</b>		<b>Assignee or other notification for:</b> <b>Rockford Mercantile</b>				
ACCOUNT NO. <b>T51542</b> <b>Rockford Mercantile</b> <b>2502 S Alpine Rd</b> <b>Rockford, IL 61108-7813</b>	<b>W</b>	<b>Open account opened 12/05</b>				<b>436.00</b>
ACCOUNT NO. <b>Osf St Anthony Medical Ctr</b>		<b>Assignee or other notification for:</b> <b>Rockford Mercantile</b>				
ACCOUNT NO. <b>T70274</b> <b>Rockford Mercantile</b> <b>2502 S Alpine Rd</b> <b>Rockford, IL 61108-7813</b>	<b>W</b>	<b>Open account opened 2/06</b>				<b>367.00</b>

Sheet no. **13** of **18** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,775.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Pro Care Ambulancedba Lifeline</b>		<b>Assignee or other notification for: Rockford Mercantile</b>				
ACCOUNT NO. <b>T85386</b> <b>Rockford Mercantile</b> <b>2502 S Alpine Rd</b> <b>Rockford, IL 61108-7813</b>	<b>H</b>	<b>Open account opened 5/06</b>				<b>117.00</b>
ACCOUNT NO. <b>Advanced Dental Arts Center</b>		<b>Assignee or other notification for: Rockford Mercantile</b>				
ACCOUNT NO. <b>226159</b> <b>Rockford Radiology Assoc</b> <b>PO Box 5368</b> <b>Rockford, IL 61125-0368</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>93.00</b>
ACCOUNT NO. <b>9000697795</b> <b>Salt Creek Credit Unio</b> <b>911 N Elm St Ste 129</b> <b>Hinsdale, IL 60521-3640</b>	<b>H</b>	<b>Installment account opened 12/07</b>				<b>11,189.00</b>
ACCOUNT NO. <b>471854</b> <b>Santander Consumer USA</b> <b>PO Box 560284</b> <b>Dallas, TX 75356-0284</b>	<b>J</b>	<b>Collections</b>				<b>13,932.00</b>
ACCOUNT NO. <b>Palisades Collection</b> <b>PO Box 1244</b> <b>Englewood Cliffs, NJ 07632-0244</b>		<b>Assignee or other notification for: Santander Consumer USA</b>				

Sheet no. **14** of **18** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **25,331.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Sbc</b> <b>225 W Randolph St</b> <b>Chicago, IL 60606-1838</b>	<b>J</b>	<b>Collections</b>				<b>450.00</b>
ACCOUNT NO. <b>Midland Credit Mgmt</b> <b>8875 Aero Dr Ste 200</b> <b>San Diego, CA 92123-2255</b>		<b>Assignee or other notification for:</b> <b>Sbc</b>				
ACCOUNT NO. <b>111550971-3</b> <b>Silkies</b> <b>PO Box 70101</b> <b>Philadelphia, PA 19176-0101</b>	<b>J</b>	<b>Collections</b>				<b>15.00</b>
ACCOUNT NO. <b>757803</b> <b>St Anthony Medical Ctr</b> <b>5510 E State St</b> <b>Rockford, IL 61108-2381</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>3,555.00</b>
ACCOUNT NO. <b>11106025</b> <b>Superior Asset Managem</b> <b>P.O. Box</b> <b>Fort Walton Beach, FL 32549</b>	<b>W</b>	<b>Open account opened 2/05</b>				<b>461.00</b>
ACCOUNT NO. <b>T-mobile</b>		<b>Assignee or other notification for:</b> <b>Superior Asset Managem</b>				
ACCOUNT NO. <b>6061160015252</b> <b>T Mobile</b> <b>Attn Bankruptcy</b> <b>PO Box 742596</b> <b>Cincinnati, OH 45274-2596</b>	<b>J</b>	<b>Collections</b>				<b>341.00</b>

Sheet no. 15 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,822.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Valentine &amp; Kebartas</b> <b>PO Box 325</b> <b>Lawrence, MA 01842-0625</b>		<b>Assignee or other notification for:</b> <b>T Mobile</b>				
ACCOUNT NO. <b>500002125338</b> <b>Thorton Capital Advisors</b> <b>C/O ARM</b> <b>PO Box 129</b> <b>Thorofare, NJ 08086-0129</b>	<b>J</b>	<b>Collections</b>				<b>7,819.00</b>
ACCOUNT NO. <b>Accounts Receivable Management</b> <b>PO Box 129</b> <b>Thorofare, NJ 08086-0129</b>		<b>Assignee or other notification for:</b> <b>Thorton Capital Advisors</b>				
ACCOUNT NO. <b>4266-8410-5212-5810</b> <b>Unifund</b> <b>10625 Techwood Cir</b> <b>Cincinnati, OH 45242-2846</b>	<b>H</b>	<b>Open account opened 10/07</b>				<b>1,264.00</b>
ACCOUNT NO. <b>Capital Management Services</b> <b>726 Exchange St Ste 700</b> <b>Buffalo, NY 14210-1464</b>		<b>Assignee or other notification for:</b> <b>Unifund</b>				
ACCOUNT NO. <b>Chase - CC</b> <b>Attn: Bankruptcy Dept</b> <b>PO Box 100018</b> <b>Kennesaw, GA 30156-9204</b>		<b>Assignee or other notification for:</b> <b>Unifund</b>				
ACCOUNT NO. <b>First Usa Bank</b>		<b>Assignee or other notification for:</b> <b>Unifund</b>				

Sheet no. **16** of **18** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **9,083.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Williams, Robert L &amp; Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>United Publishers Of America</b> <b>6075 Roswell Rd NE Ste 515</b> <b>Atlanta, GA 30328-4062</b>	<b>J</b>	<b>Collections</b>				<b>65.00</b>
ACCOUNT NO. <b>714080587</b> <b>Us Cellular</b> <b>PO Box 203</b> <b>Palatine, IL 60055-0203</b>	<b>J</b>	<b>Collections</b>				<b>600.00</b>
ACCOUNT NO. <b>8085</b> <b>Verizon North Inc</b> <b>500 Technology Dr</b> <b>Weldon Spring, MO 63304-2208</b>	<b>W</b>	<b>Open account opened 7/06</b>				<b>397.00</b>
ACCOUNT NO. <b>Cbcs</b> <b>PO Box 163250</b> <b>Columbus, OH 43216-3250</b>		<b>Assignee or other notification for:</b> <b>Verizon North Inc</b>				
ACCOUNT NO. <b>Cbe Group</b> <b>131 Tower Park Dr Ste 100</b> <b>Waterloo, IA 50701-9374</b>		<b>Assignee or other notification for:</b> <b>Verizon North Inc</b>				
ACCOUNT NO. <b>Kca Financial</b> <b>628 North St</b> <b>Geneva, IL 60134-1356</b>		<b>Assignee or other notification for:</b> <b>Verizon North Inc</b>				
ACCOUNT NO. <b>8157659250040608</b> <b>Verizon Wireless</b> <b>777 Big Timber Rd</b> <b>Elgin, IL 60123-1401</b>	<b>J</b>	<b>Collections</b>				<b>700.00</b>

Sheet no. 17 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,762.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Williams, Robert L & Williams, Michelle C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  <b>Solmon And Solomon Columbia Circle PO Box 15019 Albany, NY 12212-5019</b>			<b>Assignee or other notification for: Verizon Wireless</b>				
ACCOUNT NO.  							
ACCOUNT NO.  							
ACCOUNT NO.  							
ACCOUNT NO.  							
ACCOUNT NO.  							
ACCOUNT NO.  							

Sheet no. **18** of **18** continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

**107,891.00**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>		DEPENDENTS OF DEBTOR AND SPOUSE	
		RELATIONSHIP(S):	AGE(S):
EMPLOYMENT: DEBTOR		SPOUSE	
Occupation	<b>Lead Supervisor</b>	<b>Unemployed</b>	
Name of Employer	<b>Lagrange Memorial Hospital</b>		
How long employed	<b>15 years</b>		
Address of Employer	<b>PO Box 9234 Oak Brook, IL 60522-9234</b>		

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>4,400.70</b>	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____
<b>3. SUBTOTAL</b>	<b>\$ 4,400.70</b>	<b>\$ 0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>871.00</b>	\$ _____
b. Insurance	\$ <b>243.97</b>	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) <b>Pension</b>	\$ <b>238.31</b>	\$ _____
	\$ _____	\$ _____
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 1,353.28</b>	<b>\$ 0.00</b>
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 3,047.42</b>	<b>\$ 0.00</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 3,047.42</b>	<b>\$ 0.00</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 3,047.42</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 870.00
a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 300.00
b. Water and sewer	\$ 30.00
c. Telephone	\$ 100.00
d. Other	\$
3. Home maintenance (repairs and upkeep)	\$ 10.00
4. Food	\$ 450.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 100.00
7. Medical and dental expenses	\$ 100.00
8. Transportation (not including car payments)	\$ 300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 100.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 452.00
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other	\$ 100.00
Personal Care & Grooming	
Auto Repairs	\$ 30.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 3,042.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 3,047.42
b. Average monthly expenses from Line 18 above	\$ 3,042.00
c. Monthly net income (a. minus b.)	\$ 5.42

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 34 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: July 16, 2009 Signature: /s/ Robert L Williams  
Robert L Williams Debtor  
Date: July 16, 2009 Signature: /s/ Michelle C Williams  
Michelle C Williams (Joint Debtor, if any)  
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)  
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.  
A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Williams, Robert L & Williams, Michelle C

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
49,285.00	2008 Income from employment
40,725.00	2007 Income from employment
4,400.00	2009 Income from employment (monthly)

### 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a, or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
US Bank v Williams 08CH12	Foreclosure	Boone County	Pending

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602		676.00

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: July 16, 2009 Signature /s/ Robert L Williams  
of Debtor **Robert L Williams**

Date: July 16, 2009 Signature /s/ Michelle C Williams  
of Joint Debtor **Michelle C Williams**  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*



IN RE:

Case No. \_\_\_\_\_

**Williams, Robert L & Williams, Michelle C**

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 175,000.00		
B - Personal Property	Yes	3	\$ 26,500.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 187,289.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 4,500.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	19		\$ 107,891.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,047.42
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,042.00
TOTAL		32	\$ 201,500.00	\$ 299,680.00	

IN RE:

Case No. \_\_\_\_\_

**Williams, Robert L & Williams, Michelle C**

Chapter **7**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>4,500.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>4,500.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ <b>3,047.42</b>
Average Expenses (from Schedule J, Line 18)	\$ <b>3,042.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>4,400.70</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>13,599.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>4,500.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>107,891.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>121,490.00</b>

IN RE:

Williams, Robert L

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Robert L Williams

Date: July 16, 2009

IN RE:

Williams, Michelle C

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

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- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Michelle C Williams

Date: July 16, 2009

IN RE:

Williams, Robert L & Williams, Michelle C

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>Credit Acceptance</b>	<b>Describe Property Securing Debt:</b> <b>01 Saturn SL</b>
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	
Property No. 2 (if necessary)	
<b>Creditor's Name:</b> <b>Ocwen Loan Servicing L</b>	<b>Describe Property Securing Debt:</b> <b>Residence at:</b>
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

1 continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: July 16, 2009

/s/ Robert L Williams

Signature of Debtor

/s/ Michelle C Williams

Signature of Joint Debtor

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**  
*(Continuation Sheet)*

**PART A – Continuation**

Property No. 3		
<b>Creditor's Name:</b> Ocwen Loan Servicing L		<b>Describe Property Securing Debt:</b> Residence at:
Property will be <i>(check one)</i> : <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is <i>(check one)</i> : <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

Property No. 4		
<b>Creditor's Name:</b> Salt Creek Credit Unio		<b>Describe Property Securing Debt:</b> 05 Chrysler 300
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is <i>(check one)</i> : <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

Property No.		
<b>Creditor's Name:</b>		<b>Describe Property Securing Debt:</b>
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

**PART B – Continuation**

Property No.		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Property No.		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

IN RE:

Case No. \_\_\_\_\_

Williams, Robert L & Williams, Michelle C

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 96

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: July 16, 2009

/s/ Robert L Williams

Debtor

/s/ Michelle C Williams

Joint Debtor

Williams, Robert L  
106 Galleon Run Dr SE  
Poplar Grove, IL 61065-8744

Amca  
2269 Saw Mill River Rd Ste 3  
Elmsford, NY 10523-3839

Cbcs  
PO Box 163250  
Columbus, OH 43216-3250

Williams, Michelle C  
106 Galleon Run Dr SE  
Poplar Grove, IL 61065-8744

Amcore Bank  
Overdraft Dept  
PO Box 1537  
Rockford, IL 61110-0037

Cbe Group  
131 Tower Park Dr Ste 1  
Waterloo, IA 50701-9589

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Asset Acceptance  
PO Box 2036  
Warren, MI 48090-2036

Cbe Group  
131 Tower Park Dr Ste 100  
Waterloo, IA 50701-9374

Aams  
4800 Mills Civic Pkwy  
West Des Moines, IA 50265-5263

At & T  
PO Box 8100  
Aurora, IL 60507-8100

Centegra Health System  
13707 W Jackson St  
Woodstock, IL 60098-3141

Accounts Receivable Management  
PO Box 129  
Thorofare, NJ 08086-0129

Bally Total Fitness  
12440 Imperial Hwy Ste 300  
Norwalk, CA 90650-8309

Centegra Primary Care  
13707 W Jackson St  
Woodstock, IL 60098-3188

Advance America Cash Advance  
7425 E State St  
Rockford, IL 61108-2678

Bonaventure Medical Foundation  
PO Box 843147  
Boston, MA 02284-3147

Certified Services Inc  
1733 Washington St Uppr 2  
Waukegan, IL 60085-5192

Adventist Hinsdale Hospial  
C/O North American Credit Services  
2810 Walker Rd Ste 100  
Chattanooga, TN 37421-1082

Brother Loan & Finance Co  
7621 W 63rd  
Summit Argo, IL 60501

Cfc Deficiency Recover  
5225 Crooks Rd Ste 140  
Troy, MI 48098-2823

Adventist Hinsdale Hospital  
PO Box 9247  
Hinsdale, IL 60522-9247

Cach Llc  
370 17th St  
Denver, CO 80202-1370

Chase  
Attn: Bankruptcy Dept  
PO Box 100018  
Kennesaw, GA 30156-9204

Adventist Lagrange Memorial Hospital  
PO Box 9234  
Hinsdale, IL 60522-9234

Cap One  
PO Box 85520  
Richmond, VA 23285-5520

Chase - CC  
Attn: Bankruptcy Dept  
PO Box 100018  
Kennesaw, GA 30156-9204

Ais Services  
50 California St Ste 150  
San Francisco, CA 94111-4624

Capital Management Services  
726 Exchange St Ste 700  
Buffalo, NY 14210-1464

Chicago Tribune  
PO Box 6490  
Chicago, IL 60680-6490



City Of Chicago  
Parking - Bankruptcy  
121 N Lasalle St Rm 107A  
Chicago, IL 60602-1232

Creditors Protection S  
206 W State St  
Rockford, IL 61101-1112

Fisher And Shapiro  
4201 Lake Cook Rd 1ST Fl  
Northbrook, IL 60062-1060

Community Family Practice Center  
PO Box 7004  
Bolingbrook, IL 60440

Dependon Collection Se  
120 W 22nd St Ste 360  
Oak Brook, IL 60523-1511

H And R Accounts Inc  
7017 John Deere Pkwy  
Moline, IL 61265-8072

Corporate America Fcu  
874 Terryville Ave  
Bristol, CT 06010-4038

Dial Adjustment Bureau  
For Angels On Earth And Guidepost  
960 Macarthur Blvd  
Mahwah, NJ 07495-0094

H&R Accounts  
7017 John Deere Parkway  
PO Box 672  
Moline, IL 61266-0672

Credit Acceptance  
PO Box 513  
Southfield, MI 48037-0513

Dr Andrew Schwenk  
13549 Rt 76  
Poplar Grove, IL 61065

Hsbc Auto  
6602 Convoy Ct  
San Diego, CA 92111-1009

Credit Collection Services  
2 Wells Ave Dept 9135  
Newton, MA 02459-3208

Dr Vincent Zammuto Dds  
929 S Alpine  
Rockford, IL 61108

HSN  
Attn Collections  
PO Box 9090  
Clearwater, FL 33758-9090

Credit One Bank  
PO Box 98875  
Las Vegas, NV 89193-8875

Drs Wright And Steltenpohl  
527 W Old Northwest Hwy Ste 104  
Barrington, IL 60010-6807

Illinois Collection Service  
PO Box 1010  
Tinley Park, IL 60477-9110

Credit Protection Asso  
One Galleria Tower  
Dallas, TX 75240

Dupage Pathology Assoc  
520 E 22nd St  
Lombard, IL 60148-6110

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 21126  
Philadelphia, PA 19114-0326

Credit Protection Assoc  
13355 Noel Rd  
Dallas, TX 75240-6602

Enterprise Rent A Car  
4509 N Brady St  
Davenport, IA 52806-4051

Kca Financial  
628 North St  
Geneva, IL 60134-1356

Creditors Collection Bureau  
PO Box 63  
Kankakee, IL 60901-0063

Evergreen Emergency Servcies  
PO Box 428080  
Evergreen Park, IL 60805-8080

Lake Mchenry Path Assoc  
C/O OSI Collection  
1375 E Woodfield Rd Ste 110  
Schaumburg, IL 60173-5423

Creditors Pr  
202 W State St Ste 300  
Rockford, IL 61101-1116

Family Medical Ctr Of Lagrange  
5201 S Willow Ste 300  
La Grange, IL 60525

Lake Mchenry Path Assoc  
520 E 22nd St  
Lombard, IL 60148-6110

Lake/McHenry Pathology  
4201 W Medical Center Dr  
McHenry, IL 60050-8409

National Asset Recovery  
2880 Dresden Dr Ste 200  
Atlanta, GA 30341

Quest Diagnostics  
PO Box 64804  
Baltimore, MD 21264-4804

Linebarger Goggan Blair & Sampson, LLP  
PO Box 6268  
Chicago, IL 60606

Nco Fin/09  
507 Prudential Rd  
Horsham, PA 19044-2308

Rockford Gastroenterology Assoc  
401 Roxbury Rd  
Rockford, IL 61107-5075

Mchenry Radiologists And Imaging  
3929 Mercy Dr  
McHenry, IL 60050-3151

Nco Financial  
507 Prudential Rd  
Horsham, PA 19044-2308

Rockford Mercantile  
2502 S Alpine Rd  
Rockford, IL 61108-7813

Mci  
Corporate Office  
22001 Loudoun County Pkwy  
Ashburn, VA 20147-6105

Nelson, Watson & Associates  
80 Merrimack St Lowr LEVEL  
Haverhill, MA 01830-5202

Rockford Radiology Assoc  
PO Box 5368  
Rockford, IL 61125-0368

MCS Collections  
725 S Wells St Ste 501  
Chicago, IL 60607-4521

Ocwen Loan Servicing L  
12650 Ingenuity Dr  
Orlando, FL 32826-2703

Salt Creek Credit Unio  
911 N Elm St Ste 129  
Hinsdale, IL 60521-3640

Memorial Medical Center  
Attn Patient Accts  
701 N 1st St  
Springfield, IL 62702-3757

Osi Collection Services  
1375 E Woodfield Rd Ste 110  
Schaumburg, IL 60173-5447

Santander Consumer USA  
PO Box 560284  
Dallas, TX 75356-0284

Merchants Credit Guide  
223 W Jackson Blvd  
Chicago, IL 60606-6908

Palisades Collection  
PO Box 1244  
Englewood Cliffs, NJ 07632-0244

Sbc  
225 W Randolph St  
Chicago, IL 60606-1838

Midland Credit Mgmt  
8875 Aero Dr Ste 200  
San Diego, CA 92123-2255

Pharmacy Solutions  
75 Ermittance Dr Te 1017  
Chicago, IL 60675-0001

Silkies  
PO Box 70101  
Philadelphia, PA 19176-0101

Mutual Management  
401 E State St  
Rockford, IL 61104-1027

Phillips & Burns  
461 Ellicott St 3rd Fl  
Buffalo, NY 14203-1519

Solmon And Solomon  
Columbia Circle  
PO Box 15019  
Albany, NY 12212-5019

NAFS  
PO Box 9027  
Buffalo, NY 14231-9027

Publishers Clearing House  
PO Box 26301  
Lehigh Valley, PA 18002-6301

St Anthony Medical Ctr  
5510 E State St  
Rockford, IL 61108-2381

Superior Asset Managem  
P.O. Box  
Fort Walton Beach, FL 32549

T Mobile  
Attn Bankruptcy  
PO Box 742596  
Cincinnati, OH 45274-2596

Thorton Capital Advisors  
C/O ARM  
PO Box 129  
Thorofare, NJ 08086-0129

Unifund  
10625 Techwood Cir  
Cincinnati, OH 45242-2846

United Publishers Of America  
6075 Roswell Rd NE Ste 515  
Atlanta, GA 30328-4062

Us Cellular  
PO Box 203  
Palatine, IL 60055-0203

Valentine & Kebartas  
PO Box 325  
Lawrence, MA 01842-0625

Verizon North Inc  
500 Technology Dr  
Weldon Spring, MO 63304-2208

Verizon Wireless  
777 Big Timber Rd  
Elgin, IL 60123-1401

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Case No. \_\_\_\_\_

Williams, Robert L & Williams, Michelle C

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **676.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Litigation / Adversary Proceedings**  
**\$400.00 for Motions to Redeem**  
**Credit Counseling Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 16, 2009**

Date

**/s/ Troy L Gleason**

Troy L Gleason 6276510  
Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602  
(312) 578-9530 Fax: (312) 578-9524  
troy@chicagobk.com